

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah M Gregg

Signature of Treasurer

Electronically Filed by Sarah M Gregg

Date

07

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		43452.73
(b) Cash on Hand at Beginning of Reporting Period .....	45541.23	
(c) Total Receipts (from Line 19) .....	8731.19	40319.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54272.42	83772.42
7. Total Disbursements (from Line 31) .....	8500.00	38000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45772.42	45772.42
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8731.19	40319.69
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	8731.19	40319.69
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	8731.19	40319.69
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8731.19	40319.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8731.19	40319.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		8500.00	38000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		8500.00	38000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		8500.00	38000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8731.19	40319.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8731.19	40319.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Adams

Mailing Address 203 Bridle Path Lane

City State Zip Code  
 Fox River Grove IL 60021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP I, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29541

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2515.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29547

Amount of Each Receipt this Period

585.00

Receipt

Payroll Deduction: (195.0-  
0/Pay Period )

Full Name (Last, First, Middle Initial)

C. Michael Barlev

Mailing Address 61 Telegraph Hill Rd.

City State Zip Code  
 Holmdel NJ 07733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sales Rep III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29540

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

618.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael J Baughman  
Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29565

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Armando Bombino  
Mailing Address 1795 Ashford Lane

City State Zip Code  
Crystal Lake IL 60014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29539

Amount of Each Receipt this Period

15.00

Receipt

Payroll Deduction: (5.00/-  
Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Pat Brower  
Mailing Address 502 Canal

City State Zip Code  
Cleveland MS 38732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Mgr I, Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29526

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

318.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Brown		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 531 Lyon Dr		<b>Transaction ID:</b> 60714.C29562
City Buffalo Grove	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer Baxter International Inc.	Occupation Dir, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13.00	Payroll Deduction: (1.00/- Pay Period)

<b>B.</b> Full Name (Last, First, Middle Initial) Glenn Burney		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 96 Rock Creek Drive		<b>Transaction ID:</b> 60714.C29524
City Mountain Home	State AR	Zip Code 72653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation Dir, Quality	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 26.00	Payroll Deduction: (2.00/- Pay Period)

<b>C.</b> Full Name (Last, First, Middle Initial) Donna Campagna		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 30922 St Andrews Drive		<b>Transaction ID:</b> 60714.C29545
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Baxter IT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	Payroll Deduction: (20.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

69.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John Cone  
Mailing Address 153 Pleasant Valley Drive

City State Zip Code  
Marion NC 28752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29533

Amount of Each Receipt this Period

6.00

Receipt

Payroll Deduction: (2.00/-  
Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Edward Conrad  
Mailing Address 113 S Waverly PI

City State Zip Code  
Mt Prospect IL 60056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
Dir, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29563

Amount of Each Receipt this Period

178.59

Receipt

Payroll Deduction: (59.53-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Sarah Creviston  
Mailing Address 717 North Maple Ave.

City State Zip Code  
Palatine IL 60067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29559

Amount of Each Receipt this Period

227.04

Receipt

Payroll Deduction: (75.68-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

411.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Margarita Cruz-casse Mailing Address Violeta 153, San Francisco City San Juan State PR Zip Code 00927 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Puerto Rico Occupation Dir, Logistics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.08			Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29575 Amount of Each Receipt this Period 119.94 Receipt Payroll Deduction: (39.98- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Robert M Davis Mailing Address 21515 Hummingbird Court City Kildeer State IL Zip Code 60047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 947.59			Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29566 Amount of Each Receipt this Period 346.14 Receipt Payroll Deduction: (115.3- 8/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Gonz lez Chevalier Denisse Mailing Address PO Box 363326 City San Juan State PR Zip Code 00936-326 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter S. & D. Puerto Rico Occupation Mgr, Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20.00			Date of Receipt MM / DD / YYYY 06 / 30 / 2006 <b>Transaction ID:</b> 60714.C29702 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (20.00- /Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

486.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Karen Dewey  
Mailing Address 92 Spring Valley Drive

City State Zip Code  
Mtn Home AR 72653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Planner II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29518

Amount of Each Receipt this Period

6.00

Receipt

Payroll Deduction: (2.00/-  
Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Mayra Diaz-jimenez  
Mailing Address Estancias De San Fernando Calle 7

City State Zip Code  
Carolina PR 00985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter S. & D. Puerto Rico

Occupation  
Mgr I, Reg Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29576

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Frederick Dodge  
Mailing Address 233 Mtn St

City State Zip Code  
Marion NC 28752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Principal Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29527

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

69.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Fernald Mailing Address 36 Wagner Lane City Hillsborough State NJ Zip Code 08844 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 65.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 60714.C29544 Amount of Each Receipt this Period 15.00 Receipt Payroll Deduction: (5.00/- Pay Period)
<b>B.</b> Full Name (Last, First, Middle Initial) Rodney Foster Mailing Address 1979 N. Trevino Terrace City Vernon Hills State IL Zip Code 60061 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Engineering Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 52.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 60714.C29520 Amount of Each Receipt this Period 12.00 Receipt Payroll Deduction: (4.00/- Pay Period)
<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Freeman Mailing Address 832 Foxmoor Lane City Lake Zurich State IL Zip Code 60047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation VP I, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 580.22		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 60714.C29543 Amount of Each Receipt this Period 159.66 Receipt Payroll Deduction: (53.22/- Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

**186.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Fuller			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 975 Seaboard Ave			<b>Transaction ID:</b> 60714.C29553	
City State Zip Code Atlanta GA 30318			Amount of Each Receipt this Period 24.33	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corpora- tion		Occupation Mgr, State Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 98.01		
Payroll Deduction: (8.11/- Pay Period )				
<b>B.</b> Full Name (Last, First, Middle Initial) James Gatling			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 3704 Lindsay Ln			<b>Transaction ID:</b> 60714.C29525	
City State Zip Code Crystal Lake IL 60014			Amount of Each Receipt this Period 409.62	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corpora- tion		Occupation CVP, Global Manufacturing Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1684.24		
Payroll Deduction: (136.5- 4/Pay Period )				
<b>C.</b> Full Name (Last, First, Middle Initial) Juan Gonzalez			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 17842 Rachel Lane			<b>Transaction ID:</b> 60714.C29535	
City State Zip Code Orland Park IL 60467			Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corpora- tion		Occupation Project Mgr I, IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 65.00		
Payroll Deduction: (5.00/- Pay Period )				

**SUBTOTAL** of Receipts This Page (optional) .....

448.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John Greisch Mailing Address 2636 Chesapeake Lane City Northbrook State IL Zip Code 60062 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, President - International Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2780.00		Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29572 Amount of Each Receipt this Period 660.00 Receipt Payroll Deduction: (220.0- 0/Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Lawrence Guiheen Mailing Address 1653 Vista Oaks Way City Westlake Vilage State CA Zip Code 91361 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation President V Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00		Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29516 Amount of Each Receipt this Period 105.00 Receipt Payroll Deduction: (35.00- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Irby Mailing Address 601 Baxter Avenue City Mtn Home State AR Zip Code 72653 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Planner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 26.00		Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29519 Amount of Each Receipt this Period 6.00 Receipt Payroll Deduction: (2.00/- Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

771.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

James Kamienski

Mailing Address 6312 N Keating

City State Zip Code  
 Chicago IL 60646

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29528

Amount of Each Receipt this Period

151.41

Receipt

Payroll Deduction: (50.47-  
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Carol Lampe

Mailing Address 303 Northwind Dr.

City State Zip Code  
 Lake Villa IL 60046

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Sr Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29536

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period)

C. Full Name (Last, First, Middle Initial)

Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code  
 Chicago IL 60614

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2433.83

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29567

Amount of Each Receipt this Period

567.69

Receipt

Payroll Deduction: (189.2-  
3/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

722.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Loudermilk Mailing Address 570 S Creek Rd City Nebo State NC Zip Code 28761 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Supt, Manufacturing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 26.00			Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29532 Amount of Each Receipt this Period 6.00 Receipt Payroll Deduction: (2.00/- Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Lykken Mailing Address 421 North Wheaton Ave City Wheaton State IL Zip Code 60187 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation VP, Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.13			Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29571 Amount of Each Receipt this Period 152.88 Receipt Payroll Deduction: (50.96- Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Brian W Magerkurth Mailing Address 4218 Third Street Lane NW City Hickory State NC Zip Code 28601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation VP II, Global Supply Chain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 598.34			Date of Receipt MM / DD / YYYY 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C29548 Amount of Each Receipt this Period 165.78 Receipt Payroll Deduction: (55.26- Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

324.66

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto. Flamingo

City State Zip Code  
Bayamon PR 00959

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Puerto RicoOccupation  
Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.43

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29574

Amount of Each Receipt this Period

132.93

Receipt

Payroll Deduction: (44.31-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. John Martino

Mailing Address 104 Dumont Dr

City State Zip Code  
Morganton NC 28655

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29521

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period)

Full Name (Last, First, Middle Initial)

C. Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
General Manager III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29555

Amount of Each Receipt this Period

158.64

Receipt

Payroll Deduction: (52.88-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

294.57

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Bruce Mcgillivray

Mailing Address 151 Ridge Lane

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
CVP, President Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1471.58

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29551

Amount of Each Receipt this Period

403.86

Receipt

Payroll Deduction: (134.6-  
2/Pay Period)

B. Full Name (Last, First, Middle Initial)

Donald Mcpeters

Mailing Address 119 North Hills Drive

City State Zip Code  
 Marion NC 28752

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29531

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period)

C. Full Name (Last, First, Middle Initial)

Victor Miller

Mailing Address 230 9th Street

City State Zip Code  
 Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.05

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29554

Amount of Each Receipt this Period

11.55

Receipt

Payroll Deduction: (3.85/-  
Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

418.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Frank Monteleone  
 Mailing Address 4620 Forest Edge Lane

City State Zip Code  
 Long Grove IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.72

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29557

Amount of Each Receipt this Period

196.38

Receipt

Payroll Deduction: (65.46-  
 /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
 Barbara Morris  
 Mailing Address 924 N. Saratoga Dr.

City State Zip Code  
 Palatine IL 60074

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 VP II, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29534

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
 /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
 Timothy Murphy  
 Mailing Address 14601 N Somerset Circle

City State Zip Code  
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.17

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29556

Amount of Each Receipt this Period

67.50

Receipt

Payroll Deduction: (22.50-  
 /Pay Period )

SUBTOTAL of Receipts This Page (optional) ▶

293.88

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Omalley  
Mailing Address 563 Greenway Drive

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP/GM II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29560

Amount of Each Receipt this Period

135.00

Receipt

Payroll Deduction: (45.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Robert L Parkinson  
Mailing Address 1332 Edgewood Lane

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4984.62

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29570

Amount of Each Receipt this Period

461.54

Receipt

Payroll Deduction: (461.5-  
4/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Robert L Parkinson  
Mailing Address 1332 Edgewood Lane

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 6

Transaction ID: 60714.C29633

Amount of Each Receipt this Period

15.38

Receipt

Payroll Deduction: (15.38-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

611.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shannon Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 60619.C29387

Amount of Each Receipt this Period

1020.00

Receipt

Full Name (Last, First, Middle Initial)

B. Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Govt Aff & Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60714.C29675

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (80.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

C. Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code  
 Los Angeles CA 90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.55

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29552

Amount of Each Receipt this Period

155.25

Receipt

Payroll Deduction: (51.75-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

1255.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Virginia Pringle  
Mailing Address 341 3rd Street West

City State Zip Code  
Tierra Verde FL 33715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.05

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29538

Amount of Each Receipt this Period

86.19

Receipt

Payroll Deduction: (28.73-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Neervalur Raghavan  
Mailing Address 2327 Castilian

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP I, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29537

Amount of Each Receipt this Period

15.00

Receipt

Payroll Deduction: (5.00/-  
Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Redd  
Mailing Address 604 South Leflore

City State Zip Code  
Cleveland MS 38732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Plant Controller I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29523

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

104.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
David Rohrbach

Mailing Address 10 Hawkes Court

City State Zip Code  
 Bridgewater NJ 08807

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP I, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29550

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)

Harold Sargent

Mailing Address 1151 Woodview Drive

City State Zip Code  
 Green Oaks IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Sr Dir, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29517

Amount of Each Receipt this Period

6.00

Receipt

Payroll Deduction: (2.00/-  
Pay Period)

**C.** Full Name (Last, First, Middle Initial)

David P Scharf

Mailing Address 931 Oak Street

City State Zip Code  
 Winnetka IL 60093

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.84

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29568

Amount of Each Receipt this Period

132.99

Receipt

Payroll Deduction: (44.33-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

168.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Schiffer

Mailing Address 33741 Shackleton Isle

City State Zip Code  
 Monarch Beach CA 92629

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

892.59

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29546

Amount of Each Receipt this Period

209.25

Receipt

Payroll Deduction: (69.75-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Victor Schmitt

Mailing Address 699 Bluff Road

City State Zip Code  
 Lake Bluff IL 60044

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Pres, Venture Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29542

Amount of Each Receipt this Period

115.50

Receipt

Payroll Deduction: (38.50-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29515

Amount of Each Receipt this Period

153.06

Receipt

Payroll Deduction: (51.02-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

477.81

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Deborah Spak

Mailing Address 1555 Stratford

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

148.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29569

Amount of Each Receipt this Period

34.95

Receipt

Payroll Deduction: (11.65-  
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Edward Sudlow

Mailing Address 2406 N Hickory

City State Zip Code  
 Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Mgr II, Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29514

Amount of Each Receipt this Period

6.00

Receipt

Payroll Deduction: (2.00/-  
Pay Period)

C. Full Name (Last, First, Middle Initial)

Donald Sullivan

Mailing Address 910 W Cypress Drive

City State Zip Code  
 Arlington Heights IL 60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29561

Amount of Each Receipt this Period

120.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

160.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew Thorrens

Mailing Address 1835 North Hoyne

City State Zip Code  
 Chicago IL 60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
Dir, Payment Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29564

Amount of Each Receipt this Period

6.00

Receipt

Payroll Deduction: (2.00/-  
Pay Period)

Full Name (Last, First, Middle Initial)

B. Joel Tune

Mailing Address 1365 Vos Court

City State Zip Code  
 Antioch IL 60002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
General Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29529

Amount of Each Receipt this Period

120.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. James Utts

Mailing Address 441 thorne lane

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpora-  
tion

Occupation  
CVP, President Europe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29573

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (38.46-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

241.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code  
Hallandale FL 33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29558

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (76.92-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. Kenneth R Webb

Mailing Address 31385 W. Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Customer Svc & E-Commerce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29549

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period )

Full Name (Last, First, Middle Initial)

C. Clara Williams

Mailing Address 36 3rd St

City State Zip Code  
Cleveland MS 38732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Quality Assoc III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29522

Amount of Each Receipt this Period

3.00

Receipt

Payroll Deduction: (1.00/-  
Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

263.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donna Williams

Mailing Address 1886 Bowling Green

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C29530

Amount of Each Receipt this Period

15.00

Receipt

Payroll Deduction: (5.00/-  
Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

8731.19

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Conrad Burns

Mailing Address 208 N Montana Ave

City  
Helena

State  
MT

Zip Code  
59601-3837

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60714.E707

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Anna Eshoo For Congress

Mailing Address 555 Capitol Mall

City  
Sacramento

State  
CA

Zip Code  
95814-4602

Purpose of Disbursement

Candidate Name  
ANNA ESHOO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

**Transaction ID:** 60714.E710

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Mark Foley

Mailing Address 2099 Penn Ave NW Suite 850

City  
Washington

State  
DC

Zip Code  
20006-

Purpose of Disbursement

Candidate Name  
MARK FOLEY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

**Transaction ID:** 60714.E704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Melissa Hart

Mailing Address 2525 Rochester Rd

City  
Cranberry Twp

State  
PA

Zip Code  
16066-6433

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60714.E706

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Kirk for Congress

Mailing Address 28 Green Bay Rd

City  
Winnetka

State  
IL

Zip Code  
60093-4006

Purpose of Disbursement

Candidate Name  
MARK STEVEN KIRK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

**Transaction ID:** 60714.E703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Joseph Pitts

Mailing Address 902 Columbia Ave

City  
Lancaster

State  
PA

Zip Code  
17603-

Purpose of Disbursement

Candidate Name  
JOSEPH R PITTS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

**Transaction ID:** 60714.E708

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Whitfield for Congress

Mailing Address PO Box 391

City  
Hopkinsville

State  
KY

Zip Code  
42241-0391

Purpose of Disbursement

Candidate Name  
ED WHITFIELD

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: 60714.E705

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	6

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

8500.00